Amendment Transmittal Letter

Docket Number

DC0266US.NP

Address To Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

| Title of Invention | | | | | | | | |
|--|-----------------------|--|----------------|-------------|---------------------------------|--|--|--|
| Compositions and Meth | ods for Destabilizing | Lysosomes to Increase Onco | genic or Aberr | ant Protein | Degradation | | | |
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| matter Constitution of the | | uunnuun konseelin koksiksi ka kallun on kesika saadiin ka kallun ka kanna kanna kanna kanna kanna ka ka ka kan | | | | | | |
| First Named Inventor | Sutisak Kitareewan | | | | | | | |
| Application No. | 10/564,070 | | | | | | | |
| Filing Date | March 03, 2006 | | | | | | | |
| Examiner | Martin, Paul C. | | | | | | | |
| Art Unit | 1657 | 1657 | | | | | | |
| | | | | | | | | |
| Transmitted herewith | is an amendment in | the above-identified applica | ition. | | \ | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | | |
| X Applicant claim | s Small Entity Stat | us. See 37 CFR 1.27. | | | | | | |
| | | | | | | | | |
| | | Fee Calculation | on | | | | | |
| | | Claims as Amend | | | <u> </u> | | | |
| For | #Filed | #Previously Paid For | #Extra | Rate | Fee | | | |
| Total Claims | 1 | - 20 = | | x 26 = | | | | |
| Total Indep. Claims | 1 | - 3 = | L 1. 'f 1! | × 110 = | | | | |
| Multiple Dependent Claims (check if applicable) | | | | | | | | |
| TOTAL \$0 | | | | | | | | |
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| Deposit Account | Credit Card | Check Money (| Order 🔲 O | ther: | | | | |
| Deposit Account Nun | | | | | (-bbbbb | | | |
| Charge the fee(s | | count, the Director is h | ereby autho | rizea to: (| cneck all that apply) | | | |
| X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| Charge fee(s) indicated above, except for the filing fee | | | | | | | | |
| Credit any overpa | ayments | | | | | | | |
| | | n may become public. C formation and authorize | | | n should not be included 38. | | | |
| | | | Amour | nt Grand To | otal \$0 | | | |

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Docket Number

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| | Co | rrespondence | e Address | | |
|--|--|---|---|--|--|
| Customer Number | 26259 | | | | |
| | | -OR- | | | |
| Name | | | | | |
| Address | | | | | |
| City | 13 1 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | State | Product account | |
| Country | | | Postal Code | | |
| Phone Number | | | | | |
| E-mail Address | Mill Bollands | | | | |
| Certificate of Mailing by Express Mail I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below: | | I hereby ceri appropriate) sufficient pos for Patents, indicated belo | tify that this Amer are being deposite tage as first class in P.O. Box 1450, w: | Mailing by First Class Mail Indment, accompanying documents, and fee (if ed with the United States Postal Service with mail in an envelope addressed to Commissioner Alexandria, Virginia 22313-1450 on the date (Name of Person Mailing Correspondence) Person Mailing Correspondence) | |
| | | | | | |
| (Typed or Printed Name of Person Mailing Correspondence) (Signature of Person Mailing Correspondence) | | Certificate of Transmission I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below: | | | |
| ("Express Mail" Mailing Label Number) | | (Date of | Transmission) | (Name of Person Transmitting Correspondence) | |
| | <i>_</i> | | (Signature of Pe | rson Transmitting Correspondence) | |

Signature Instructions

Select the name of the person who will electronically sign the Amendment from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box Jane Massey Licata

| Name | Jane Massey Licata | Registration Nur | nber | 32,257 | | |
|--------------------|---------------------------|-------------------------------|------|-------------|------------|---|
| Signatory Capacity | Attorney for Applicant(s) | jmlicata@licataandtyrrell.com | | | | |
| eSign | /Jane Massey Licata/ | | | Date Signed | 02/01/2011 | フ |